

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/147914

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2		1		
3		1		
4		1		
5		1		
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48				
49				
50				
TOTAL IND.	2			
TOTAL DEP.	32	↓	↓	↓
TOTAL CLAIMS	34	REDACTED	REDACTED	REDACTED

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
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97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	REDACTED	REDACTED	REDACTED